

Dear Applicant:

Enclosed you will find the forms necessary for you to apply for registration as a medical radiation technologist. It is strongly suggested that you read the Regulations prior to filling out the application, and then examine the directions entitled "**STEPS TO REGISTRATION**" to see which forms are appropriate for you.

Please note the following:

- (a) Applications not completed in their entirety will be returned, minus the application fee, which is non-refundable.
- (b) The photograph must be a "passport photo."
- (c) The name on the application must match the name on the driver's license or Social Security Card. We will not accept nicknames, abbreviations, or alterations.
- (d) All fees are to be made payable to the Mississippi State Department of Health.

If you have any questions regarding the above, please contact our office as follows:

MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE-RADTECH
P.O. BOX 1700
JACKSON, MS 39215-1700
(601) 576-7260

Sincerely,

David Kweller
Health Facilities Surveyor II

DK/bj
Enclosure

STEPS TO REGISTRATION MEDICAL RADIATION TECHNOLOGY

Enclosed is a registration for medical radiation technology. Two types of registrations are currently issued in Mississippi: Regular and Temporary. The requirements for each are as follows:

1. Regular

- a. Completed, notarized application.
- b. Application fee - \$50.00 (non-refundable)
- c. Copy of current ARRT or NMTCB card.
- d. Copies of all licensure or registrations from other states.

2. Temporary (a 6 month registration - not renewable):

- a. Completed, notarized application.
- b. Application fee - \$25.00 (non-refundable)
- c. Verification of Education form showing eligibility to sit for the ARRT or NMTCB examination.
- d. Copies of all licensure or registrations from other states.

All requirements must be on file and satisfactory to this office before a registration may be issued.

Medical Radiation Technology
Verification Of Education For Temporary Registration

Instruction To Applicant:

Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the Institution where you obtained your degree in Medical Radiation Technology.

<i>Date</i>	
<i>Name (Last, First, Middle Initial)</i>	<i>Maiden Name or Given Surname</i>
<i>Address (Street, City, State and Zip Code)</i>	<i>Phone No. Home Work</i> () ()
<i>Social Security Number</i>	<i>Date of Graduation</i>

Waiver For The Release Of Information:

I am applying for a temporary registration as a Medical Radiation Technologist in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi State Department of Health, Professional Licensure – Rad Tech, should this information be requested at any time.

Date

Signed

Instructions To Educational Institution:

Upon completion of this form please send to: Mississippi State Department Of Health
Professional Licensure - Rad Tech
P.O. Box 1700
Jackson, MS 39215-1700

<i>Name of Institution</i>	<i>Location of Institution (City&State)</i>
<i>Date Degree Conferred</i>	<i>Degree Conferred</i>
<i>Program Name & Curriculum Description</i> <i>Is this applicant eligible to sit for the ARRT or NMTCB Examination</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Seal of the Institution

Name

Title

Telephone Number

Date



Medical Radiation Technology
Application for Registration

(Please type or print in ink)

Office Use

Check No. _____

Amount \$ _____

Date ____/____/____

Registration Type: (check all that apply) Radiologic Technologist ☐
Nuclear Technologist ☐
Radiation Therapist ☐

1. Date: _____

2. Name: _____
(Last) (First) (Middle)

3. Home Address: _____ 4. Telephone Number (____) _____

5. _____ 6. _____ 7. _____
(City) (State) (Zip Code) (County)

8. Social Security No. - - 9. Date of Birth: - -

10. Race: _____ 11. Sex: Male ☐ Female ☐ 12. U.S. Citizen: No ☐ Yes ☐ 13. Legal Alien: No ☐ Yes ☐

14. Place of Employment: _____

15. Title of Position: _____ 16. Supervisor: _____

17. Employment Address: _____ 18. Telephone Number (____) _____

(City) (State) (Zip Code) (County)

19. Are there any criminal charges or civil suits pending against you? If yes, attach a full explanation. No ☐ Yes ☐

20. Have you ever been treated for alcohol and/or drug abuse? If yes attach a full explanation. No ☐ Yes ☐

21. Have you ever been convicted of any violations of law (except minor traffic violations)? If yes, attach a full explanation. No ☐ Yes ☐

22. Have you ever had any license or permit encumbered in any way? Attach a full explanation. No ☐ Yes ☐

23. Have you ever been declared mentally incompetent by any court? If yes, attach an explanation. No ☐ Yes ☐

24. a. Are you currently credentialed by the ARRT? Credential Number _____ No ☐ Yes ☐
(A copy of the credential must be submitted with the application for registration.)

b. Are you currently credentialed by the NMTCB? No ☐ Yes ☐
(A copy of the credential must be submitted with the application for registration.)



25. Are you now or have you ever been, registered or licensed in another state in the area of Medical Radiation Technology? (*A copy of the license or registration for each state must be attached.*)

No ☐ Yes ☐

a. List states (1) _____ (2) _____
(3) _____ (4) _____

Subscribed and sworn to before me this _____ day
of _____, 20 _____.
My commission expires _____.

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Registration of Medical Radiation Technologists and affirm that all conditions for licensure have been met and will be maintained.

(Notary Public)

(Applicant's Signature)

Notary Seal

*Copy of Social Security Card
or
Drivers License*

*Photo
(only a Passport Photo
will be accepted)*

Complete form, enclose fee and mail to: **Mississippi State Department of Health
Professional Licensure: Radiation Technology
P. O. Box 1700
Jackson, Mississippi 39215-1700**

